

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Wash DC</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brooms Island</u>		CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>6202 - 5th St NW, Wash</u>	
3. NAME OF DECEASED (Type or Print) <u>Anthony</u> (First) <u>Battistone</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Dec 11, 1876</u>
9. AGE last birthday <u>74</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>D.C.</u>		12. CITIZEN OR WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Biago Battistone</u>		14. MOTHER'S MAIDEN NAME <u>May</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Hugo Battistone</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

Found dead sitting in chair

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at....., 6..... P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 5/29/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

270000

RECEIVED
JUN 7 1951
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04689

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Parran (rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Parran (rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>West</u> (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>13</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar. 29, 1883</u>
9. AGE last birthday <u>68</u> yrs. <u>14</u> months <u>14</u> days <u>14</u> hours <u>14</u> min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Parran, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert Bowen</u>	
14. MOTHER'S MAIDEN NAME <u>Kathie Bowen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT AND ADDRESS <u>Mary Rhea Bowen - Parran, Md</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Carcinoma of liver</u>			
Antecedent cause(s) (b) <u>156.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY m. <u>While at Work</u> <input type="checkbox"/> <u>Not While At work</u> <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/4</u> , 19 <u>51</u> , to <u>5/13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/13</u> , 19 <u>57</u> , and that death occurred at <u>5/13</u> m., from the causes and on the date stated above.			
SIGNATURE <u>James Jett</u> (Degree or title)		ADDRESS <u>John Indiver 3746</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 16, 1957</u>	
NAME OF CEMETERY OR CREMATORY <u>Emanuel Cemetery</u>		LOCATION (City, town, or county) <u>Parran - Maryland</u> (State)	
DATE REC'D BY LOCAL REG. <u>3-14-51</u>		24. FUNERAL DIRECTOR <u>A. A. Harkness & Son - Mutual, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04690

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Baby Girl</u>	(Middle) <u>Buck</u>	(Last) <u>Estelle Maria</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <u>May 19, 1951</u>	9. AGE last birthday If under 1 year: Months <u>9</u> Days <u>5</u> If under 24 hrs: Hours <u>9</u> Min. <u>5</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>William Sunderland Buck</u>	
14. MOTHER'S MAIDEN NAME <u>Bessie Moore</u>		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs. Bessie Buck, 1234 N. Charles St., Baltimore, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Prematurity

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 19, 1951, to May 20, 1951, that I last saw the deceasedalive on May 20, 1951, and that death occurred at Frederick, Md., from the causes and on the date stated above.

SIGNATURE

(Doctor or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5-21-51</u>	<u>Eastern Chapel</u>	<u>Calvert</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5-21-51</u>	<u>H. W. Warr</u>	<u>P. E. Sewell</u>		

20519122 2220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1957
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04691

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>North Beach</u> STREET ADDRESS (If rural, give location) <u>Chesapeake Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>Artie</u>	(First) <u>H.</u>	(Middle) <u>Gray</u>	(Last)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>65</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Bladensburg, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Joseph Gray</u>		14. MOTHER'S MAIDEN NAME <u>wife - Birdie Gray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic myocarditis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(c) Acute & edema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 12, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>5/15/51</u>	NAME OF CEMETERY OR CREMATORY <u>Bladensburg</u>	LOCATION (City, town, or county) <u>Bladensburg, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>5-15-51</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR <u>Edward B. Gough</u>	ADDRESS <u>Bladensburg, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04692

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>James Frederick</u> LENGTH OF STAY (in this place) <u>9 weeks</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>St. Leonard</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Helene</u> (Middle) <u>P.</u> (Last) <u>Henderson</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>15</u> (Year) <u>1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MA</u>	8. DATE OF BIRTH <u>Feb. 25, 1887</u>
9. AGE last birthday <u>64</u> yrs. <u>2</u> Months <u>20</u> Days <u>20</u> Hours <u>20</u> Min.		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert Co., Md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u>		13. FATHER'S NAME <u>Henry Horsey</u>	
14. MOTHER'S MAIDEN NAME <u>Anne Cochran</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Lewis Henderson - St. Leonard, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Carcinoma of stomach

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/2, 1950, to 5/15, 1951, that I last saw the deceased alive on 5/15, 1951, and that death occurred at 5/15, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 19, 1951</u>	<u>Watson Memorial Cem</u>	<u>Chesapeake Beach</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/15/51</u>	<u>Dr. Hugh Ward</u>	<u>A. A. Harkness & Son - Mutual, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



C. H. C.
COPY SENT TO ~~LOCAL~~ REGISTER NO. _____ DATE 5/23/57

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04693

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Cabot</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cabot</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>			
TOWN <u>Baltimore</u>				TOWN <u>Baltimore</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Percy E. Mister</u>				4. DATE OF DEATH (Month) <u>May</u> (Day) <u>30</u> (Year) <u>1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>		8. DATE OF BIRTH <u>Sept 18, 1884</u>	
9. AGE last birthday <u>66</u> yrs. <u>8</u> Months <u>12</u> Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing & Optician</u>		11. BIRTHPLACE (State or foreign country) <u>Cabot County, Md</u>	
13. FATHER'S NAME <u>George W. Mister</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY No. <u>219-16-2065</u>		17. INFORMANT AND ADDRESS <u>Mary Mister - Baltimore, Md</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Coronary heart disease</u>							
Antecedent cause(s) (b) <u>420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) <u>SUICIDE</u>				PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			
				HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/2</u> , 1951, to <u>5/30</u> , 1951, that I last saw the deceased alive on <u>5/30</u> , 1951, and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				(Degree or title)		ADDRESS <u>[Signature]</u>	
DATE SIGNED							
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 2, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Arlington</u>		LOCATION (City, town, or county) <u>Baltimore</u> (State) <u>Md</u>	
DATE REC'D BY LOCAL REG. <u>5/31/51</u>		REGISTRAR'S SIGNATURE <u>X W Ward</u>		24. FUNERAL DIRECTOR <u>A.A. Harkness & Son - Mutual, Md</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

910126

RECEIVED
JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04694

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Paris, Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - head</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE last birthday <u>38</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Archie P. Norfolk</u>		14. MOTHER'S MAIDEN NAME <u>Edna Wickman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>Mrs. James Wells</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Immediate cause <u>434.3</u>	(a) <u>Acute dilatation of heart</u>	
Antecedent cause(s) <u>112</u>	(b) <u>During an asthmatic attack</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 22/51</u>	<u>Mt. Harmony</u>	<u>Mt. Harmony</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 21/51</u>	<u>Grace L. Hutchins</u>	<u>Wm. A. Hutchins</u>	<u>Dwight</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

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MAY 28 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04695

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Cabot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Cabot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick, Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cabot Co. Hosp.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Michael S. Lee</u>	(First) <u>Lee</u> (Middle) <u>S.</u> (Last) <u>Pardue</u>	4. DATE OF DEATH <u>May 11, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>May 11, 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>0</u> yrs. <u>0</u> months <u>0</u> days <u>0</u> hours <u>0</u> min.
11. BIRTHPLACE (State or foreign country) <u>Cabot County, Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Roman Pardue</u>		14. MOTHER'S MAIDEN NAME <u>Marguerite King</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>W. H. R. Records</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL OR CREMATION
REMOVED (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG. 5/12/57

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04687

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH - COUNTY <u>Calvert</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>?</u> COUNTY <u>?</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Battle Cliff</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>?</u>	
TOWN <u>Battle Cliff</u>		TOWN <u>?</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Unknown</u> (Middle) <u>(Brown)</u> (Last) <u>?</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>6</u> (Year) <u>1971</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>?</u>	8. DATE OF BIRTH <u>?</u>
9. AGE last birthday <u>65</u> yrs.		10. If under 1 year Months <u>?</u> Days <u>?</u> If under 24 hrs. Hours <u>?</u> Min. <u>?</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>?</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>	
11. BIRTHPLACE (State or foreign country) <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	
13. FATHER'S NAME <u>?</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>?</u>		16. SOCIAL SECURITY No. <u>?</u>	
17. INFORMANT AND ADDRESS <u>No identification Found on Shore</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Brown</u>			
Antecedent cause(s) (b) <u>929.8</u> <u>183</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Found on Bay Shore near</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Found on Bay Shore near</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chol. Bile. ucd</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>?</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.			
SIGNATURE <u>Howard D. No 3</u>		ADDRESS <u>Overy ucd</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 7, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Water's Memorial</u>		LOCATION (City, town, or county) (State) <u>Deland Creek 2nd</u>	
DATE REC'D BY LOCAL REG. <u>5-P-51</u>		REGISTRAR'S SIGNATURE <u>H. W. Wood</u>	
24. FUNERAL DIRECTOR <u>G. A. Harkness & Son - Mutual</u>		ADDRESS <u>UUUUUU End.</u>	

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MAY 16 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04696

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Louisa Mather</u> TOWN <u>Louisa Mather</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Md.</u> TOWN <u>Md.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Louis Bay Walton</u> (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>28</u> <u>1971</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 30, 1920</u> <u>30</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Md.</u>
13. FATHER'S NAME <u>Eugene Walton</u>		14. MOTHER'S MAIDEN NAME <u>Edith King</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-18-5564</u>	
17. INFORMANT AND ADDRESS <u>Eugene Walton</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

976x

Antecedent cause(s)

164c

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office, etc.)
INJURY Gunshot

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY 5 26 1971 7 m.INJURY OCCURRED While at Work ☐ Not While at Work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased

alive on 19....., and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 24 1951
BUREAU W. S.